

Washington State Planning Grant on Access to Health Insurance
CONTENT ANALYSIS OF POPULATION-BASED SURVEYS - Work in Progress

Content Analysis Domains	BRFSS	CPS	CTS	FHIS	MEPS	NHIS	NSAF	SIPP	WSPS	WWFS
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HEALTH INSURANCE COVERAGE

Any health insurance coverage
Primary type of health care coverage
Number of health insurance plans currently enrolled in

									X(298)
								X(63)	
		X(20)	X(17)			X (E-1)			

Source of Coverage

Covered by Employer or Union
Name of Employer or Union
Policy Holder
Health insurance in respondents name?
Health ins. In respondent's name or as family member of someone else?
Name of Health Plan
Plan / group #
Extended through COBRA
Covered as a temporary worker
Covered by former employer
Covered by spouse's employer or union
Covered by someone not living in household
Purchased Health Plan
Medicare
Medicare supplemental policies or Medigap
Medicare Card Number
Has Medicare for disability or condition
Type of Medicare coverage
When did Medicare coverage start (dates of coverage)
In Medicare HMO
Features of Medicare HMO
Plan letter for Medicare Managed Care
CHAMPUS
TRICARE

X(5)	X	X(11)	X(18)		X(30)	X(E-1)	X(J6)	X(62)	X(299)
	X	X(22)		X(28-4/46)					
	X	X(20)	X(17)	X(28-16)	X(33)	X(E-1)			
	X						X(J5)		
	X						X(J5)		
		X(20)	X(18)		X(31/2)				
		X(23)							
				*X(28-192)					
	X							X(21)	
	X						X(J6)		
	X								X(299)
X(5)	X	X(13)					X(J7)	X(63)	
X(5)	X	X(12)	X(18)		X(30)	X(E-2)	X(J6)	X(62)	X(299)
X(5)	X	X(13)	X(13)		X(30)	X(E-3)	X(J1)	X(62)	X(299)
	X	X(33)			X(30)				
				X(28-50)	X(30)				
	X			X(28-20)					
	X			*X(28-52)	X(30)				
				*X(28-54)					
	X			X(28-56)	X(31)				
				*X(28-58)					
				X(28-105)					
X(5)	X	X(15)	X(16)		X(30)	X(E-4)	X(J6)	X(62)	
X(5)	X	X(15)			X(30)	X(E-4)	X(J6)	X(62)	

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CHAMP-VA	X(5)	X	X(15)	X(16)		X(30)	X(E-4)	X(J6)	X(62)	
VA/ Other Military Health Insurance	X(5)	X	X(15)	X(16)		X(30)	X(E-4)	X(J6)	X(62)	X(300)
Indian Health Service	X(5)	X	X(16)			X(30)	X(E-4)		X(64)	X(300)
Medicaid	X(5)	X	X(14)	X(14)		X(30)	X(E-5)	X(J10)	X(62)	X(298)
Medicaid card questions					*X(28-71)					
Medicaid HMO questions					*X(28-73)					
Medicaid and Medicare				X(3)						
State Specific Program		X	X(17)	X(15)		X(30)	X(E-5)	X(J10)	X(63)	X(298)
Washington Basic Health Plan		X							X(63)	X(298)
Type of health coverage prior to WA BHP									X(63)	
Healthy Options		X							X(63)	X(298)
DSHS Medical Assistance Programs		X							X(62)	X(298)
Covered by another source of insurance		X		X(22)			X(E-13)			X(298)

Additional State Programs

AFDC				X(28-39)					
SSI				X(28-39)					
WIC				X(28-39)					
Public Health Clinic				X(28-39)					

Type of Insurance for Self-employed

From professional org.				X(28-8)					
From small business group				X(28-8)					
From a union				X(28-8)					
From health insurance purchasing alliance				X(28-8)					
From insurance agent				X(28-8)					
From HMO				X(28-8)					
Through a School				X(28-46)					
From previous employer				X(28-8)					
From previous employer (COBRA)				X(28-8)					

Family members' coverage

Family members covered by plan	X	X(21)	X(97)		X(32)	X(E-1)	X(J6)	X(64)	
Plan covers someone not living in household?	X						X(J6)		
Coverage for dependant persons not living in home	X			X(28-180)					
Which of past 4 months were your children covered by Medicaid / public assistance?							X(J3)		

Premiums and out-of-pocket expenses

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Insurance Premium			X(24)	X(18)	*X(28-10)	X(24)				
Does employer pay all, part, or none of premium?		X						X(J6)		
Self-purchased plan insurance premium										X(300)
Frequency of payment for self-purchased plans										X(300)
Who pays for health plan						X(33)				
In past 12 months how much spent on medical/dental care						X(35)				

Insurance History/Period of Coverage

Insurance card info (incl.effective date).					X(28-101)					
Previous Health Plan			X(44)		*X(28-114)					
Years enrolled in HMO plans			X(48)							
Enrolled in past 12 months			X(23)							
Who was covered in past 12 months				X(22)	X(28-177)	X(E-11)?				
Continuous coverage in past 12 months				X(24)		X(35)	X(E-12)			
Coverage for how many of the past 12 months			X(43)	X(22)	X(28-120)	X(E-12)				
Covered part of or whole month					X(28-179)					
How long since last without coverage							X(J8)			
Did health insurance continue after stopped working					X(28-191)					
Low option or high option					*X(28-88)					

Employment info

Health Insurance available through employer		X						X(64)		
Employer offers more than one plan			X(26)							
Type of business								X(17)		

For those without coverage

No coverage				X(21)	X(28-113)?	X(E-6)				
No insurance coverage in past 12 months	X(7)			X(24)		X(E-11)				
How long since coverage	X(7)				X(28-113)	X(35)	X(J8)			
Who was not covered in past 12 months				X(24)		X(E-14)				
How many of the past 12 months with no health insurance				X(24)		X(35)	X(E-14)			
Reason health insurance ended			X(43)	X		*X(35)	X			

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What date did health insurance end					X(28-168)					
Covered whole or part of month					X(28-168)					
Who is no longer covered					X(28-172)					
Denied from or limited in insurance coverage due to poor health			X(50)		X(28-115)					
Condition causing denial for health ins.					X(28-116)					
Condition causing limited health ins.					*X(28-121)					
Ever tried to purchase health insurance					X(28-117)					
Reason for no coverage	X(52)		X(43)	X				X(J8)	X(64)	X(301)

Attitudes about coverage

Opinion of Health Insurance Coverage

		X(66)	X(25)							
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Plan characteristics

Type of plan

HMO, IPS or PPO

HMO

List of providers

Primary Care Physician for Routine Care

Referrals

Cost without referral or out of plan

		*X	X(22)			X(E-12)				
						X(34)				
		X(25)	X(18)	X(28-183)	X(31/)	X(E-8)				
		X(25)			X(31/)	X(E-8)				
		X(24)			X(31/)	X(E-8)				
		X(25)			X(31/)	X(E-9)				
		X(26)				X(34)				

Services Covered

Prescription drugs covered

Physician Visits Covered

Any part of nursing home

Dental

Eye Care

			X(20)	X(28-183)						
			X(19)	X(28-183)						
				X(28-183)						
X(61)										
				X(28-183)						

Other Coverage

Extra cash for hospital stays

Serious disease or dread disease

disability

Workers comp.

accident

				X(28-183)						
				X(28-183)						
				X(28-183)						
				X(28-183)						
				X(28-183)						

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UTILIZATION

Utilization within past year

Overnight Hospital Care

Admitted through ER

Number of times in hospital
overnight

Nights in hospital

City or Town of Hospital

Delivered Baby

Dentist Visits

ER visits

visit doctor/outpatient clinic

Visits to hospital outpatient
clinic

Mental health services

Home health care

Medical personnel other than
doctors

Doctor visits

Place of doctors visits

Number of doctor visits

Received care from doctor
more than 10 times

How long since last saw or
talked to doctor

Surgical procedures

Number of different times had
surgery

Doctor specializing in women's
health

Specialist

Does Doctor treat children and
adults

Received medical care in
home?

During how many of past 12
months received care at home

Total number of home visits

		X(51)	X(35)		X(AC	X (F-2)		X(307)
		X(53)						
		X(52)	X(35)		X(AC-24)			X(307)
		X(53)	X(35)		X(AC-24)			
			X(35)					
		X(52)				X(F-2)		
X(59)					X(AC	X(F-2)		
X (56)		X(53)	X(36a)		**X(A	X (F-3)		X(307)
								X(306)
			X(36a)					
		X(57)			X(AC	X(F-3)		X(307)
		X(58)			X(AC-24)			
		X(55)	*X(35)		*X(AC	X(F-3)		
X(56)		X(55)	X(36)		**X(A	X(F-3)		
			X(36)					
					**X(AC-24)			
					X(28)			
					**X(AC-25)			
		X(56)			X(AC-24)			
					X(AC-24)			
					X(AC-23)			
					X(AC-23)			
					X(AC-23)			
								X(307)
					X(AC-24)			
					**X(AC-24)			

Preventive Care Utilization

Breast Physical Exam

Pap Smear

Flu shot

Immunization questions

Child check-ups

Time since last check-up

						X(F-4)		
						X(F-4)		
X(66)		X(58)						
			X(37)	*X(5-46)				
X								X(310)
X(8)		X(72)						

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Mammogram	X(28)		X(58)	X(39)						
Time of last Mammogram	X(28)		X(59)	X(39)						
Reason for Mammogram	X(29)									
Breast physical exam	X(29)			X(40)						
Time of last Breast Exam	X(29)			X(40)						
Reason for breast exam	X(30)									
Pap Smear	X(30)			X(41)						
Time of last pap smear	X(30)			X(41)						
Reason for pap smear	X(31)									
Pneumonia Vaccination	X(66)									

**NHIS also asks utilization questions about the past two weeks (Adult Core has utilization within the past year, Family Core within the past two weeks)

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USUAL SOURCE OF CARE

Has a usual place of care
Reason for no usual source of care

X (54)		X(63)	X(26)	X(26-1)	X(AC	X (F-5)			
		X(65)	X(28)	X(26-2)					

Location

Name of place of usual source

Doctor's Office

Hospital ER

Hospital Outpatient dept.

Clinic

Is clinic or outpatient dept.
operated by the hospital (or is
private dr's office located at
hospital)

Urgent Care

HMO

Community or Migrant Health
Center

Indian Health Service

Public Health Dept.

Other Clinic or Health Center

VA Facility

Company Industrial Clinic

Mental Health Clinic

School clinic

Walk in Center

Other

Reason for place of usual
source of care

					X(AC-20)				
X(54)		X(63)	X(26)	X(26-1)	X(AC	X (F-5)			
X(54)		X(63)	X(26)	X(26-6)	X(AC	X(F-5)			
X(54)		X(63)	X(26)	X(26-6)	X(AC	X(F-5)			
X(54)			X(26)	X(26-1/6)	X(AC	X(F-5)			
				X(26-7)					
X(54)									
X(54)		X(63)	X(26)		X(AC	X(F-5)			
			X(26)						
			X(26)						
			X(26)						
		X(63)		X(26-1/					
			X(26)						
						X(F-5)			
			X(26)						
			X(26)						
X(54)		X(63)	X(26)	X(26-6)	X(AC	X(F-5)			
				X(26-8)					

Provider Type

Uses a specific physician or
provider

X (55)		X(64)		X(26-4)					
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TYPE OF PHYSICIAN OR PROVIDER:

Doctor

Nurse

Other

Reason for selecting health
care provider

Doctor's specialty

How do you usually get to
doctor's office

		X(64)		X(26-10)					
		X(64)		X(26-11)					
		X(64)		X(26-11)					
			X(27)	X(26-9)					
				X(26-12)					
				X(26-10)					

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Does provider have office hours on nights and weekends					X(26-15)					
Would you go to provider for:										
New health problems					X(26-15)					
Preventive care					X(26-15)	X(AC-20)				
Referrals to other health professionals					X(26-15)					
Experiences making appointments										
In past year changed usual source of care			X(64)		X(26-20)	X(AC-20)				
Reason for change in usual source of care			X(65)		X(26-21)	X(AC-20)				

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BARRIERS TO CARE AND UNMET NEEDS

Barriers

Financial	X(7)		X(60)	X(29)	X(26-22)	X(25)			
Insurance			X(60)	X(29)	X(26-24)				
Geographic			X(60)	X(29)	X(26-24)				
Transportation				X(29)	X(26-24)	X(AC-21)			
Doctor's office hours			X(60)			X(AC-21)			
Problems making appointments			X(61)			X(AC-21)			
Don't know how to make appointment				X(29)					
Beliefs				X(29)					
Self-assessment				X(29)					

Additional barriers to care

Wait in physician's office					X(AC-21)				
Pre-existing condition					X(26-24)				
Hearing impairment or loss					X(26-24)				
Different language					X(26-24)				
Hard to get into building					X(26-24)				
Hard to get around inside building					X(26-24)				
No appropriate equipment in building					X(26-24)				
Couldn't get time off work					X(26-24)				
Didn't know where to get care					X(26-24)				
Was refused services					X(26-24)				
Couldn't get child care					X(26-24)				
Didn't have the time					X(26-24)				

Unmet or delayed needs

Medical	X(7)		X(60)	X(30)	X(26-22)	X(25)	X (F-6)		
Emergency				X(29)					
Surgical							X (F-5)		
Dental				X(33)		X(AC)	X (F-7)		
Mental Health						X(AC)	X (F-8)		
Prescription Drugs				X(31)	X(26-22)	X(AC)	X(F-9)		
Reason for unmet / delayed need			X(60)	X(29)			X (F-6-9)		

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SATISFACTION

Satisfaction with:

Medical Care

Health Plan

Health Care Services

Doctor's explanations / listening
/ respect

Time waiting for appointment

Time waiting in office

Health Care System

Doctors spent enough time with
you

Choice of primary care doctors

Choice / availability of
specialists

Ease of obtaining answers over
the phone

Professional staff at provider's
office

Quality of care from provider

			X(44)			X(B-1)			
			X(45)						
X(58)		X(69)	X(44)						
X(57)		X(77)	X(44)	*X(26-18)					
			X(45)						
			X(45)						
			X(46)						
X(58)									
		X(70)							
		X(71)							
				X(26-19)					
				X(26-19)					

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HEALTH STATUS										
Self-assessed health status	X(2)	X	X(78)	X(42)		X(17)	X(F-1)			X(306)
Number of days in the last 30 that physical health was not good	X(2)									
Child's health Status					*X(5-41-	*X(14	X (B-1)			
Health compared to 12 months ago							X(F-1)			
Limitations on activities	X(3)		X(78)		*X(5-14-24)	X(F-1)				
Unable to do certain kinds or amounts of work			X(80)	X(42)	*X	X(14)				X(308)
Unable to work			X(80)	X(42)	X(5-23)	X(15)				X(308)
Limit kinds or amounts of vigorous activities				X(43)	*X					
Limit kinds or amounts of moderate activities			X(68)	X(43)	*X					
Mental Health	X(3)		X(80)		*X(15)					
Require help or supervision with everyday activities					X*(5-2-8)					
Require help with personal care needs						*X(14)				
Reason for requiring supervision					X*(5-2-8)					
Use aids or special equipment					X(5-9)	X(15)				
Eyeglasses or contacts					X(5-31)					
Difficulty seeing with eyeglasses or contacts					*X(5-31)					
Blind					X(5-34)					
Hearing aid					X(5-36)					
Difficulty hearing with hearing aid					*X(5-37)					
Deaf					X(5-39)					
Medical conditions						*X(16)				